Under	r the Paperwork Reduction Act of 1995, no persons are	U.S. Palent and 1 required to respond to a collection	Approved for use through 11/30 rademark Office; U.S. DEPARTI of information unless it displays a v	MENT OF COMMERCE raild OMB control number) - '.
211441	The state of the s	Application Number	09/804498		
REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND		Filing Date	March 12, 2001		eceived
		First Named Inventor	John C. Barron	GENTF	al fax cente
		Art Unit	3732	MA	R 1 8 2004
CHANG	E OF CORRESPONDENCE ADDRESS	Examiner Name	Daniel J Davis		. 4 & £00#
		Attorney Docket Numbe	1404 504 545	PM (
, · · ,				~	
I hereby	revoke all previous powers of attorney	given in the above-iden	ified application.	<u> </u>	
A	Power of Attorney is submitted herewith				
OR					; ;
X I H	nereby appoint the practitioners associat	ed with the Customer N	ımber: 28120		
		# #L	ad application to		
X Pl	ease change the correspondence addre	ss for the above-logntime	ad application to:		
[:	The address associated with	28120	•		
OR _	Customer Number:		·		
Firm					
ddress	One International Place				
ity	Boston .		- 1004	0.0004	
elephone	US Stat (617) 951-7000	e MA	Zip 0211 Fax (617) 951-7050	0-2624	
•			rax ((017) 851-7000		
I am t	the:				
Ap	pplicant/Inventor.	•			
X As	signee of record of the entire interest. S	See 37 CFR 3.71.			l
ت Su	atément under 37 CFR 3.73(b) la enclos	ed. (Form PTO/SB/96)			I
		pplicant or Assignee	of Record		•
	Name: Kurt W. Loockwood Title: Assistant Secretary		•		
Name	Scimed Life Systems, Inc.				
	One SciMed Place Maple Grove, MN 55311-1566		•		
Signature		_ 0			
Date	March 12 20h	Telephi	508.65	0-8674	
	gnatures of all the inventors or assigness of record	<u> </u>			
	ore than one signature is required, see below".				
	*Total of1 forms are submitted	•			
		. ,			